

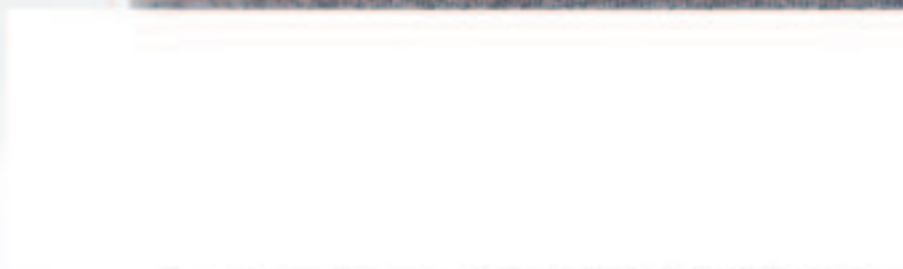
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1,2. References available at www.zimmerdental.com/references.aspx

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Spring 2008

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Thank you to our dental professionals across the state for your GKAS generosity. See this year's report on page 18.



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A Not to Miss Experience in the Rockies

*By Jeanne M. Salcetti, D.D.S., M.S.
Colorado Dental Association President*



Dr. Jeanne Salcetti is a periodontist in Colorado Springs, Colo.

Spring is officially here, which means it's time to plan for the summer months. What if I told you that you could visit one of Colorado's most beautiful areas, enjoy everything that Colorado has to offer with your family AND earn CE? It is with great pleasure that I welcome you in advance to Vail, Colo. for the Colorado Dental Association's 122nd Annual Session. Now I realize many of you haven't attended our annual meeting but if there's one meeting this year not to miss, this is the ONE!

Join your CDA colleagues as you enjoy incredible hiking, biking, river rafting, fishing and so much more amidst the amazing scenery of the Vail valley. You can shop, dine or just relax in the

phenomenal atmosphere of the Colorado high country.

Not only is the meeting taking place at the beautiful Vail Cascade Resort and Spa, but also the line-up of events and speakers is fantastic. We are also eager to share this meeting with the officers of Alpha Omega International who will be joining us throughout the weekend.

This year's exciting agenda starts on Thursday, June 12 with two world-renowned speakers from Vancouver, British Columbia. Dr. Sonia Leziy (periodontist) and Dr. Brahm Miller (prosthodontist) will be discussing how to achieve optimal esthetics in anterior implant dentistry. They are a team that is highly regarded and sought after to speak in the implant world of lecturing and are brought to us by the sponsorship of Nobel Biocare. If you are involved in the surgical and/or restorative aspects of implant therapy, you don't want to miss this opportunity to hear and learn from this incredible team!

On Friday, June 13, we are most fortunate to have ADA President-Elect Dr. John Findley join us during our opening ceremonies for the CDA House of Delegates. Dr. Findley's talk will enlighten us on the issues we face at the ADA. Later that day, plan to join me and other colleagues and friends at the complimentary Immediate Past President's Reception.

Saturday, June 14, we are pleased to have Dr. Fred Margolis (pedodontist) and Dr. Brad Potter (oral and maxillofacial radiologist) providing continuing education in the areas of pediatric dentistry and cone beam imaging. During the weekend be sure to visit our corporate sponsors and those showcasing in the exhibit area – without their support, our meeting would not be as successful as it is every year.

This has been a tremendous year for me as your CDA president, and I truly hope to see you in Vail to attend excellent continuing education courses, network with fellow friends, colleagues and exhibitors, and take the opportunity to enjoy a fabulous weekend in the Rockies. Your participation is pivotal to the growth and development of the CDA. ■

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2008 SCHEDULE

The Denver Implant Study Club (D.I.S.C.), now in its sixth year, was originally developed by Dr. Aldo Leopardi, Prosthodontist, at Greenwood Village, Colorado, and was launched in February of 2003. The primary objective of the club is to empower general dentists, specialists and their offices in building their implant practices through prosthodontically driven dental implant continuing education.

D.I.S.C. encompasses a series of lectures featuring actual clinical scenarios that are applicable to the majority of dental implant systems available. The study club is designed for general dentists who seek to incorporate restorative implant services into their practices in order to ultimately benefit their patients.

Traditionally, implant companies drive most dental implant continuing educational programs. These courses are often surgically driven and/or biased, with little restorative and/or implant information for the general practitioner to take to his or her practice.

D.I.S.C. has emerged as the credible, worthwhile alternative to those traditional courses. Part of the success of the study club can be attributed to the independence of the program. Our sponsoring implant companies are required to adhere to a strict educational protocol. Educational topics must be scientifically based and clinically relevant with minimal product endorsement.

Under these guidelines, we invite several implant companies to participate each year. As a result of this independent, restoratively driven approach, the information offered is current and valid with minimal bias. Each participant leaves the program with valuable knowledge that they can readily implement into their dental practices.

I look forward to seeing you there.

Cheers,
Aldo

Treatment Planning of Adjacent and Multiple Implants in the Aesthetic Zone..... February 7, 2008
Dr. Jaime Larcoda, Prosthodontist, Loma Linda University,
School of Dentistry, Center for Implant Dentistry, Loma Linda, California
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Hard and Soft Tissue Considerations for Enhanced Aesthetic
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Dr. Thomas Ding, Prosthodontist, Dallas, Texas
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Immediate Loading: Taking it to the Next Level..... August 28, 2008
Dr. Braden W. Starks, Prosthodontist, Boise, Idaho
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Dr. Barry Goldenberg, Prosthodontist, St. Louis, Missouri
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Treatment of Complications and Prosthetic Challenges in Implant Dentistry..... November 13, 2008
Dr. Aldo Leopardi, Prosthodontist, Greenwood Village, Colorado
BioHorizon

The implant companies represented above are strong supporters of this educational forum. Without their ongoing participation, this study club would not be possible.

For details, visit www.aldoleopardi.com/DISC.html, or contact Dr. Leopardi's office directly at (720) 488-7677.

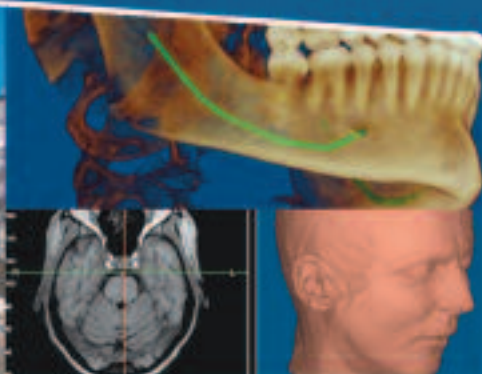
Capacity is limited. A complimentary light dinner is served at 5:30 PM, and the lecture is from 6:00 to 8:30 PM. ADG credits are also available (2.5 hours). Attendance fees for 2008 are waived due to corporate sponsorship.

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Under the Gold Dome

By Charlie Hebel, CDA Lobbyist

The Colorado General Assembly is halfway through the 2008 session, and (at the time of publication) the Colorado Dental Association already has two significant wins to its credit: HB 1087 and HB 1134, both initiated by CDA, have passed and were signed by the Governor in late March.

HB 1087 allows an insurance company to utilize the services of a dentist rather than a physician to sign off on claims being denied due to lack of medical necessity. This bill will allow Ascent Benefits Company, which only processes claims for dental care, to employ a dentist for this purpose, rather than having to employ a physician, as required under current law.

HB 1134 began as a bill to clarify the rights of heirs to dental practices when the heir is not a licensed dentist. After collaboration with the Department of Regulatory Agencies and the Colorado Dental Hygienists Association, the bill also addresses identifying the owner of a dental practice. As completed, the bill requires that the owner of a dental practice have identifying information available at the front desk of the practice. The bill also states that only a licensed dentist may own a dental practice, unless it is a governmental agency or a non-profit clinic where majority of the patients are low income. Similarly, only a dentist or dental hygienist may own a dental hygiene practice. Heirs of a dental practice, and of a dental hygiene practice, will have 12 months to sell or otherwise dispose of the practice. Heirs may request an additional 12 months for good cause.



CDA Executive Director Gary Cummins; CDA President-Elect Dr. Jeff Hurst; State Board of Dental Examiners President Dr. Bob Murphy; State Board of Dental Examiners Program Director Mo Miskell; Colorado Dental Hygienists Association President Barbara Patterson, RDH; Rep. Jim Kerr; and Linda Wilkinson, RDH witness Gov. Bill Ritter sign HB 1134 on March 20.

Another bill affecting dentistry is **SB 135**. SB 135 requires health benefit plans to begin the process of issuing standardized benefit cards for consumers to carry, which can be “swiped” or use equivalent technology. The cards must have the member’s name and plan number, co-payment information, contact information for the carriers or benefit plan administrator, and an indication of whether the plan is regulated by the state of Colorado. In addition, the bill requires the insurance commissioner to establish a working group, including providers, for the long-term development of using this technology. This technology must provide immediate information to the provider and others regarding coverage, preauthorization, eligibility details, and similar

information over time as the technology improves and the necessary information becomes standardized. The bill was passed unanimously by the Senate Health and Human Services Committee, and is awaiting hearing in the Senate Appropriations Committee.

The other major bill of concern to the CDA is **SB 164**, which makes significant changes to the law regarding malpractice actions against health professionals, including dentists. Under current law, there is an overall limit of \$1 million for damages due to malpractice. A judge may “pierce the cap” if he/she finds that such a limit is unreasonable (i.e. if the costs to keep a person alive total more than \$1 million). Within this cap, there is a limit of

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\$300,000 for "non economic damages" – those where a dollar figure cannot be placed. Pain and suffering are included in such a limit, as well as physical impairment or disfigurement. (The direct costs of repairing disfigurement or living with an impairment are direct economic damages. Non-economic damages would address loss of social companionship due to disfigurement, etc.).

SB 164 makes two changes to the law. First, it increases the \$300,000 cap to \$462,000 and takes it out of the medical malpractice area, which makes it subject to inflation. Second, it takes disfigurement and physical impairment out of non-economic loss, and places it under the overall \$1 million cap. Thus, a disfigurement claim may be awarded \$1 million.

The effect of all this is to make malpractice awards easier to increase, and to push all of them closer to the \$1 million cap, which a judge may waive if there is evidence that it is inadequate. As awards go up, malpractice premiums also go up.

The CDA has joined the Colorado Medical Society, the Colorado Nurses Association, and a variety of business and professional groups to fight this legislation.

Lastly, two appointments have been made by the governor. **Dr. Eve Bluestein** has been appointed to the State Board of Dental Examiners. CDA President **Dr. Jeanne Salcetti** has been appointed to the Governor's Advisory Committee to investigate healthcare "scope of practice."

If you have questions or need any additional information on legislation that affects dentistry, please call Gary Cummins at the CDA, 303/740-6900 or 800/343-3010. ■

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Inner City Health Center

Every day, the CDA receives phone call after phone call from Denver residents without insurance who are in desperate need of dental care. The majority of those callers are referred to Inner City Health Center.

Inner City Health Center is a private 501(c)3 non-profit, volunteer-based healthcare organization. It is committed to improve the health of low-income and medically uninsured families. Located in Denver's historical Five Points neighborhood, Inner City Health Center has been in the community for almost 25 years. Inner City Health Center offers five principal areas of care: adult medical, pediatric, prenatal, dental and counseling.

Approximately 71% of its patients are uninsured and 25% are Medicare/Medicaid recipients. The uninsured are charged on a sliding-fee scale based on their income and ability to pay. This payment is usually insufficient to pay for the costs of the care received. However, such payment allows the individuals to retain a measure of self-respect and participate in their care. Inner City Health Center attempts to offer a hand up rather than a hand out.

The center is one of the few dental programs to focus on uninsured adults, and one of the only safety-net providers in the Denver metro area of primary comprehensive oral health care for the whole family. The program focuses on both preventative care and dental problems. The Inner City Health Center dental department operates out of two dental facilities – one located at the main facility at 3405 Downing St., and the



New Hope Dental Services pediatric dentist, Dr. Toby Derloshon, treats a patient in the dental clinic.

other, New Hope Dental Services in West Denver, at 4200 W. Conejos Pl. Combined, Inner City and New Hope recorded 6,678 patient visits in fiscal year 2006. This accounts for 35% of Inner City Health Center's total patient visits. Children account for an estimated 34% of dental patients.

The majority of the individuals seen through the dental programs of Inner City Health Center have numerous dental problems including rampant dental decay in multiple teeth, severe periodontal disease, and many medical problems complicated by long-term neglect. The majority of these patients have not seen a dentist in five to 10 years. Inner City Health Center prides itself on being a "healthcare home."

Inner City to Relocate in 2008

Today, 770,000 people in Colorado do not have health insurance. If Colorado's uninsured individuals lined up along I-25 from one border the state, over 291 miles of highway would be covered. To help meet this tremendous need, Inner City Health Center is in the process of significantly increasing its capacity. By moving and doubling the size of the clinic, it will expand access to affordable medical and dental care for metro Denver residents who are now uninsured or cannot afford their employer's health plan. Inner City Health Center has developed a plan to move to 3800 York St. by December 2008 to address the following:

- There is a significant and sustained increase in patients that exceed the current facility capacity.

- Structural and zoning limitations preclude expansion of the current clinic.
- RTD has anticipated plans to expand the light rail system through the current clinic location.

The new Inner City Health Center will continue to be located in a Medically Underserved Area, a Denver Enterprise Zone, and one of the poorest neighborhoods in the state.

The new clinic will include:

- Patient Waiting Room
- Dental Operatory Complex
- Exam/Treatment Rooms
- Counseling Suite
- Wellness/Fitness Center
- Multi-Purpose Room
- Community Conference Room
- Dispensary
- Medical Lab
- Administration Suite
- Courtyard/Children's Play Yard

Through the acquisition of the 3800 York St. property, Inner City Health Center is actively embracing the opportunity to grow and expand their clinic. They will not only renovate two currently vacant buildings, but also connect the units by adding a newly constructed entryway that will feature a foyer, elevator, stairway, front desk and waiting area. The smaller building (3,057 sq. ft.) will be developed into the new dental wing – with seven operatories, which far exceeds the current three-chair capacity set-up.

In addition to expanded medical and dental care, the new facility will allow Inner City Health Center to present seminars on an ongoing basis to individuals and families. Seminars will include prevention, nutrition, childhood obesity, the importance of immunizations, and other topics that help diminish the cost burden of medical care and promote a healthy community.

Medical and dental care is provided by 44 staff members and 70 volunteers who serve anyone in need within an atmosphere of respect and dignity. 90% of the physicians, 90% of the nurses, 66% of the counselors, and 30% of the dentists are volunteers who donate more than \$300,000 in professional services each year.

Inner City Health Center is always seeking new volunteers for its current and new facility. If you are interested in volunteering, please call 303/291-3729 or visit www.innercityhealth.com for volunteer opportunities. Donations for the construction of the new building can be sent to 3405 Downing St., Denver, CO 80205 or can be made online at www.innercityhealth.com, please specify "construction campaign" with your gift.

Inner City Health Center is a longtime supporter of the CDA's Give Kids a Smile Day. The center's dental directors also participated in the Colorado Mission of Mercy last October. ■

For more information regarding Inner City Health Center's relocation, call Melinda Arnold, campaign coordinator, at 303/382-0241 or e-mail at melinda@innercityhealth.com.

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Tax Smart Savings – A New Alternative

By Scott Brookes, AIF®

There are plenty of ways to save money for personal and family goals, but one of the newest options to consider is the Roth 401(k). 401(k) programs and Individual Retirement Accounts (IRA) provide a vehicle to save taxes on your current income and to defer taxes on growth until you retire. Due to IRS income limits, not everyone qualifies for a Roth IRA contribution; yet surprisingly, there are no income limits for Roth 401(k) contributions.

What is a Roth 401(k)? Introduced in 2006, the Roth 401(k) allows individuals

to make after-tax 401(k) contributions up to an annual limit of \$15,500 each year, through payroll deduction. Individuals older than 50 can make-up for lost time and make an additional \$5,000 contribution, for a maximum contribution of \$20,500. While there is no upfront tax-deduction, the account grows tax-free and withdrawals taken during retirement are not subject to income tax (provided you are at least 59½ at retirement and you have held the account for five years or more).

The Roth 401(k) is a powerful part of tax-smart planning. Adding a Roth 401(k)

option is a simple plan document amendment. Consult with your plan vendor or accountant for details and to determine if they offer this option.

Other items to note regarding 401(k) plans:

- Your "match" and profit sharing contributions continue to be deposited into traditional (tax-deductible) 401(k) match or profit-sharing accounts.
- You can start, stop or split your contributions between traditional and Roth 401(k) accounts each year up to the \$15,500 limit, but once chosen, the contributions stay in the type of account that they were deposited into.
- You can decide how to invest your contributions, based on your current 401(k) plan available investment options.

The downside to choosing a Roth 401(k) is that it does not reduce your taxable income. So then what makes them tax-smart? The answer: Your potential tax bracket in retirement. Let me explain:

If you need \$100,000/year today to get by, it is likely you will still need \$100,000/year (or its inflation-adjusted equivalent) when you retire. If most of your assets are tied up in traditional retirement accounts, they are taxed as ordinary income when you take them out. Remember with the Roth accounts, money distributed, including earnings, is not taxed. Therefore, the benefit of a Roth depends on the tax rate when you retire.

In 2007, the marginal federal tax rate for a married couple with an AGI of \$100,000 was 25%, and the rate for someone filing as single was 28%. This is




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far lower than the tax rates we have had over the past 50 years.

As an example of past tax rates, in 1978, Jimmy Carter was president and it was the last time there was a full four-year presidential term with a political majority in Washington (i.e. a Democratic-controlled Senate, House of Representatives and presidency). The tax rate on a married couple with an AGI of \$100,000 was 62%, and capital gains were taxed at a top rate of 39.8%.

So while no one knows if those past tax rates may return, a Roth 401(k) gives some certainty that the tax rate on your future Roth distributions would be a tax-smart 0%. ■

Scott Brookes, AIF®, is director of Retirement Plan Services at Sharkey, Howes & Javer, Inc., a Denver based fee-only, financial planning and investment management firm and a supporter of the Colorado Dental Association. Visit www.SHWJ.com or call 303/639-5100.



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Put Your Employees to the Test – Exempt vs. Non-Exempt

By Stacy Jensen, PHR

Question: We have an employee who performs administrative duties and has always been paid a salary (no overtime pay). Last week she asked why she was not entitled to overtime pay as she frequently works more than 40 hours in a work-week. How do we determine whether or not she is exempt from overtime?

Answer: The question of whether to treat employees as exempt or non-exempt is a frequent area of concern for employers. Although a few jobs are not covered by the Fair Labor Standards Act (FLSA) (i.e. agricultural workers and employees of movie theaters), most jobs are governed by the act. The FLSA considers employees to be one of two types – either “exempt” or “non-exempt.” Exempt employees are not entitled to overtime pay for hours worked in excess of 40 hours per pay period. Non-exempt employees are entitled to overtime pay for hours worked in excess of 40 hours in a pay period (other distinctions exist as well).

There are three general rules that determine if an employee is exempt or non-exempt. Exempt employees must (a) be paid at least \$23,600 per year (\$455 per week), and (b) be paid on a salary basis, and also (c) perform exempt job duties. These requirements are outlined in the FLSA Regulations and enforced by the U.S. Department of Labor.

To be more specific, most employees must meet all three of the following “tests” to be exempt from overtime pay:

Test One – Salary Level

Employees who are paid under \$23,600 per year (\$455 per week) are non-exempt.

Test Two – Salary Basis

Employees who receive a salary are guaranteed a minimum amount of money that will receive for any work week where they “work” even a minimum amount. This means that an employee who works three hours in one work day, and then goes home sick for the remainder of the day will still receive their full amount of pay (you may insist that the employee use their accrued sick time in this instance, however if they have no accrued sick time you may not reduce their base pay).

Employers may reduce an exempt employees’ base pay for a full-day absence for reasons of personal leave, vacation, sickness or disciplinary suspensions. When an employer has a bona fide sick leave plan and the employee has run out of sick leave their pay may be docked.

Test Three – Duties

Employees who meet the first two tests must also perform the duties of an exempt employee as defined by the FLSA. These duties fall under three categories: “executive” employees, “professional” employees and “administrative” employees.

Exempt Executive Job Duties

The job duties are “exempt executive job duties” if the employee:

- Regularly supervises two or more other employees, and also
- has management as the primary duty of the position, and also,
- has some genuine input into the job

According to the FLSA field operations manual on dental hygienists:

“Dental hygienists do not ordinarily qualify as exempt employees, since the job does not usually meet all of the applicable tests for exemption. In general, a dental hygienist is a highly technical specialist.

A dental hygienist who has completed four academic years of pre-professional and professional study in an accredited university or college recognized by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the American Dental Association will be considered as meeting the requirements for exemption as a professional employee. In each case, the determination of exempt status will be made on an individual basis.”

status of other employees (such as hiring, firing, promoting or assigning).

Exempt Professional Job Duties

The job duties of traditional “learned professions” are exempt. These include but are not limited to lawyers, physicians, dentists, teachers, architects and clergy. Professionally exempt work means work that is predominantly intellectual, requires specialized education, and involves the exercise of discretion and judgment. Professionally exempt workers must have higher education in fields that are unlike skilled trades.

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Exempt Administrative Job Duties

The most difficult exempt vs. non-exempt distinction for employers to make is in the "administrative" category.

By definition, an administrative job is exempt when the duties are:

- Office or non-manual work, which is
- directly related to management or general business operations of the employer or the employer's customers, and
- a primary component of which involves the exercise of independent judgment and discretion about
- matters of significance.

It is not always easy to properly classify employees as exempt or non-exempt. Misclassifying employees may result in back wage penalties and a loss of the exemption for employers. Ensuring that

your exempt employees meet all three of the "tests" for exemption will help you correctly categorize your employees so that you can focus on your dental practice. ■

Stacy Jensen is a communication strategist for Terra Firma, a locally owned and operated Professional Employer Organization (PEO) in Denver, Colo. Terra Firma provides small to mid-sized employers with a full scope of human resources services, safety and risk management, employee benefits administration, and regulatory compliance consulting. Contact sjensen@hrvp.com for information.

Do you have a human resources question to be answered in this quarterly column? Submit your questions to molly@cdaonline.org or 3690 S. Yosemite St., #100, Denver, CO 80237.

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Smiling Kids Break Records!

6th Annual GKAS a Huge Success

What started six years ago as a great idea to help kids and create awareness of the access-to-care problem in the nation, has turned into a high-powered machine that needs little introduction. Give Kids a Smile Day now takes place in every state of the nation and more dentists participate in GKAS than go to the ADA Annual Session. This year, over \$29 MILLION of care was donated across the nation for this program – and that's just the amount that the ADA knows of, it doesn't account for the care that was unreported.

The CDA is pleased to boast that Colorado is a huge piece of the nation's success. In fact, this year in Colorado, CDA members and their staffs broke every state GKAS record in our books!

Thank you to the 359 registered dentists and dental professionals who participated in GKAS 2008.

Your dedication to GKAS resulted in:

- **4,285 kids at 47 locations in 21 cities receiving dental education**
- **1,624 kids at over 90 locations in 40 cities receiving \$512,030 in donated dental treatment**

This was the first year in Colorado history where CDA members have donated more than half a million dollars in dental treatment for GKAS. Thank you to those of you who volunteered for Give Kids a Smile Day. You are responsible for a great success story and for improving the lives of the children you helped. Your dedication and continued support of this program truly makes a difference and the Colorado Dental Association is proud to



Another smiling face demonstrating what GKAS is all about.



Tim Sullivan, president of Henry Schein Dental; Sarah Upbin, associate brand manager for Colgate; Dr. Jim Bramson, ADA executive director; Gary Cummins, CDA executive director; Dr. Ken Versman, ADA 14th District trustee; Dr. Ed Leone Jr., ADA treasurer; Dr. Jeanne Salcetti, CDA president; and Dr. Denise Kassebaum, CU Denver School of Dental Medicine dean at the GKAS event at CU.

Save the Date: Give Kids a Smile Day, Feb. 6, 2009



Their shirts put on a S-M-I-L-E as they presented Dr. Major Tappan with the Exceptional Service Award. The kids (from left): Alan Sharp, Brett Sharp, Shaun King, Trinity Simpson and Max Raabe.



Dr. Major Tappan (left) with his larger-than-life toothbrush award. Dr. Paul Bottone (right) handcrafted the brush for this special recognition.

have so many members committed to Colorado's communities and the oral health of children.

Impressive numbers weren't the only marks of success from Give Kids a Smile Day. This year, we were selected as the state to host the national signature event for the American Dental Association. We were honored to host **Dr. Jim Bramson**,

ADA executive director; **Lynne Mangan**, ADA manager of health promotion; **Jennifer Garvin**, ADA News reporter; **Tim Sullivan**, president of Henry Schein Dental; **Dr. Fotinos Panagakos**, director of professional relations for Colgate; **Sarah Upbin**, associate brand manager for Colgate; **Candy Ross**, director of clinical affairs for DEXIS Digital

X-ray; and **Matt Reintjes**, business unit manager for DEXIS Digital X-ray. These dental industry leaders flew to Colorado on Jan. 31 for a welcome dinner with CDA leaders, Colorado GKAS pioneers, and representatives from the legislature, State Board of Dental Examiners, CU Denver School of Dental Medicine and Colorado Department of Health.

On Friday, Feb. 1, the CDA hosted the national kick-off event at the CU Denver School of Dental Medicine. The day started with a press conference in a room with over 75 people in attendance. The conference finale was a giant toothbrush award, presented by five children wearing t-shirts spelling S-M-I-L-E, to **Dr. Major Tappan** in recognition of his Total Oral Prevention Strategies program (TOPS). Dr. Tappan received the Exceptional Service Award for his "progressive vision and selfless dedication to children." TOPS is a pilot program to demonstrate what early intervention, education and treatment in a dental home can do to alleviate decay. Through TOPS, Dr. Tappan and his staff treat 300 children, from birth to the time they enter elementary school at no charge. His goal is to keep these children caries free while in the TOPS program, and engaged in their oral health for a lifetime.

Following the conclusion of the press conference, nearly 200 volunteer dentists, hygienists, assistants and students treated hundreds of patients at CU, while dental

GKAS continued on page 20



Dr. Makala Hubbell answers Dental Line 9 calls at 9News. Dental Line 9 helps publicize GKAS each year.



Sen. Nancy Spence was in attendance at the GKAS press conference and officially proclaimed Feb. 1 as "Give Kids a Smile Day in Colorado."



Dr. Richard Sathre treats a patient at CU and is assisted by CU dental student Jenna Sloomaker.

GKAS *continued from page 19*

leaders were given tours of the dental school and operatories. To read more on this event, please see the Feb. 18 issue of ADA News. Colorado was highlighted on the cover and page 26.

The GKAS event at CU wasn't the only event that happened on Feb. 1. Hundreds of dental volunteers treated patients in their private offices, volunteered at local dental clinics or visited schools to give

oral health presentations. In fact, Adventure Dental in Greeley coordinated their GKAS with parent-teacher conferences. They conducted screenings and provided education for students while the parents were present. We enjoy hearing about your stories and unique GKAS experiences. Please share your thoughts with the CDA and let us know how we can enhance the program to help you more in the future.

In addition to the dental volunteers, this day was not possible without the Metropol-

itan Denver Dental Society staff, Colorado Springs Dental Society staff and key organizers across the state. Thank you **Dr. Randy Kluender, Fabian Walker, Michelle Cunningham, Sharyn Markus and Lenny Sigwarth**. Additional appreciation goes out to the Region II Migrant Education Program for closing their office to provide translating services in private offices and clinics. Thank you to **Karina Bonilla, Al Aragon, Olga Zuniga, Eunice Flores, Irene Estrada, Joe Archuleta and Marie Guinet**.

As in past years, **Doug and Pat James**, with the Broomfield Photography Studio, Inc., generously donated their time and talent to taking professional photos of the Give Kids a Smile event. Their dedication to this cause is again greatly appreciated.

Give Kids a Smile Day was fortunate to have follow-up care provided by the Colorado Foundation of Dentistry for the Handicapped Disadvantaged Youth Program. Over 100 children were referred to the Foundation for additional treatment.

Lastly, Give Kids a Smile Day owes a great deal of appreciation to national sponsors: Henry Schein Dental, Colgate and DEXIS Digital X-ray. These corporate leaders provided more than \$4 million in products and services for last year's event. This year, their generosity is equally commendable. Henry Schein Dental provided thousands of professional dental kits to dentists and dental programs across the nation this year. These kits generously contained gloves, masks, patient bibs, dental floss, prophylaxis paste and fluoride varnish. Colgate supplied 300,000 toothbrushes and tubes of toothpaste this year. DEXIS offered the use of their digital x-ray systems to each U.S. dental school participating in GKAS, as well as support staff to assist in the taking of x-rays. ■

For information about the 2009 event or if you would like to share your feedback from the 2008 event, please call the CDA at 303/740-6900 or 800/343-3010. We'd love to hear from you!

Thank you 2008 GKAS Volunteers!

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Dust Off That Intraoral Camera

By Janet Steward

How many times a day is the intraoral camera used in your practice. 20? 10? Never? You know the benefit of dramatically increased case acceptance. What was so clearly visible to only you is now visible to the patient as well and, as the saying goes, a picture is worth a thousand words. You are painfully aware of the cost – intraoral cameras are not cheap. Many dentists would love to invest in having them in every treatment room but those that they currently have are not being fully utilized. How frustrating is it when this expensive piece of equipment becomes a dust gatherer?

How do you get your team to use the camera on virtually every single patient? You could issue an edict instructing your assistants and hygienists to use the intraoral camera more often. The first day things are usually a little better. The second day they are not as good and the third day, your practice is back to the same old thing. People begin with good intentions, but sadly the busyness in the day usually catches up with them and the best of intentions fall by the wayside.

What are you, the dentist, to do about it? You could fuss and gripe, moan and groan and try to bludgeon them into shape. This approach may work for a while until your ulcer starts acting up as all this micromanaging wears you down. Isn't there some system that you can put into place that you won't have to micro-manage? Here are six steps you can implement today that will achieve 100% use of the intraoral camera, a dynamite wrap-up from the team at the end of each

appointment, and dramatically increase your case acceptance.

1. One of the traits of effective leaders is that they are crystal clear. It starts with a clear expectation from the doctor to the team that they will use the camera with every single patient. Every time you sit down to perform an exam, you should expect to have one or more intraoral pictures displayed on the monitor. If a patient does not have any restorative concerns, show periodontal concerns such as calculus buildup or bleeding. Take a picture of the crown you just seated on number 31 to show how great it looks and matches up with the tooth next door. Use it with children to show them the results of disclosing solution, highlighting where they are having difficulty brushing.
2. The assistants and/or hygienists keep track of two things during the day: (a) the number of patients they saw, and (b) the number of times they used the camera. They give this information to the administrator at the end of each day. The administrator enters the data into a simple spreadsheet that tracks the percentages. You can create your own spreadsheet or send an e-mail to janet@quantumleapdental.com for a complimentary template.
3. The third expectation is that the assistants and/or hygienists will display the pictures for the exam. In the beginning, the dentist may need to give a gentle reminder such as, "I can see you are not quite ready for me. Why don't I do my other hygiene check and come back when you have taken some pictures of that tooth?"
4. All this leads to an incredibly powerful wrap-up by the assistant and/or hygienist that you can easily track on the same spreadsheet. Things get hectic and the clinical team is often rushed. It is common for an assistant or hygienist to talk to the patient about their next appointment while they are gathering up the patient's chart, raising the back of the chair, removing the bib and ushering the patient to the front desk. Keep in mind that 55% of everything we perceive comes from body language, 38% from tone and pace and only 7% from the words we say. Talking to a patient about their next appointment while you are walking them up to the front desk loses a lot of its impact. Focus is a magical thing, takes hardly any time, increases case acceptance and reduces missed appointments. Here is how it works. When the doctor leaves the treatment room, the assistant or hygienist should sit facing the patient, eye to eye with their mask removed and ask, "What questions do you have about the treatment that the doctor recommended?" When any questions or concerns have been answered, the assistant or hygienist says something like, "I'm going to take you up to the front and Amy will schedule you for two appointments. The first one will be for your professional cleaning and the second will be for those three fillings on the left hand side." Then, and only then, do they remove the bib and escort the patient up to the front desk.
5. Tracking your results is the final component to this system. The numbers speak for themselves. While

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there may be some "fudging" of the numbers, it can't be too far off or else you will know about it. Review the individual percentages during a staff meeting. Celebrate your success. Consider a \$50 bonus for everyone if the practice as a whole achieves 95% compliance.

6. Create a simple sticker yourself to place in the patient's chart. You could incorporate several things on it such as Intraoral Pictures, Velscope, Caesy, Shade Guide.*

I.O.Pictures	Velscope
Caesy	Shade Guide

*Here's an idea that I have all my clients using. Take a base shade on all

your patients. Give the patient a mirror and the shade guide and ask them to tell you what shade they think they are and then note this in the chart. This is a great way to open up a discussion on teeth whitening and other things such as replacing resins, veneers, etc.

The results will speak for themselves. You, the doctor, will become the macro-manager instead of the micro-manager. We commonly find that practices that put this system in place go from 0%-10% camera usage to 85%-90% camera usage. Imagine what that does for your case acceptance when patients can see for themselves what their broken down tooth looks like. Imagine what it does for missed appointments. They are dramatically reduced because patients really feel the sense of urgency. In addition, you have a team that is taking the time to

promote your treatment recommendations in a way that was not possible before. Try it – it will make a difference in your practice. ■

Janet and Lawrence Steward are speakers, consultants and authors. Their book, "What Do Dentists Really Want?" is available through www.Amazon.com or www.theManageDentPros.Com. Janet Steward, president of Quantum Leap Dental Consulting, can be reached at 970/207-0776.

Do you have a practice management question you'd like answered in this quarterly column? Submit your questions to molly@cdaonline.org or 3690 S. Yosemite St., #100, Denver, CO 80237.

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Journal of the Colorado Dental Association, Vol. 87, No. 2, Spring 2008 issue.

OPPORTUNITIES WANTED

Opportunity Wanted: Dentist looking to relocate to the Colorado area. I have owned and operated a private practice for eight years. My experience includes all aspects of dentistry. I am interested in buying a practice or working with another dentist or group. I have an active Colorado license. Please contact Dr. Warren Stovall at 731/695-0454 or stovall89@yahoo.com.

Orthodontic Opportunity Wanted: Highly motivated and accomplished ABO orthodontist, 15+ year's experience, relocating to Denver seeks a position as an associate or partner in a patient-friendly orthodontic practice. Contact doctor@zmuidzinas.com or www.5280orthodontics.com.

POSITIONS AVAILABLE

Associate: Eaton, Colo. Well-established modern GP with three ops. Close to Ft. Collins and Greeley. Fully computerized in Dentrix. Digital X-ray system. Seeking associate with option to buy. Owner desires to reduce her work days to one day per week. Please contact Dr. Celia Turner at 970/454-2326.

Associate: Associate needed for general dentistry practice. Denver area. Fridays, 8:00 a.m. to 2:00 p.m. Please fax resume to 303/220-1044.

Associate Buy-Out: Greeley, Colo. This is a phased transition. Brief associate period leading to ownership. Excellent practice, superior reputation, great Colorado lifestyle. Call Susan Spear, 303/973-2147 or susan@sastransitions.com.

Associate Buy-In: Hotchkiss, Colo. Very busy practice with six ops. Book out five months. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Associate Buy-Out: Woodland Park, Colo. Very modern facility with six ops. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Associate: Downtown Denver, very busy practice is expanding. State-of-the-art, paperless, great location. Seeking full-time associate for five operator general and cosmetic practice. Contact e-mail is lodoassociate@yahoo.com.

Associate: Busy SE Denver dental practice seeks general dentist for full- or part-time employee. Associate position with ownership opportunities in an established group practice of over 30 years. Complete benefit package. Enjoy the recreational benefits of beautiful Colorado. Please contact Dr. John Pfalzgraf at Cherry Hills Dental Associates at 303/757-8446.

Associate Buy-In: 50% buy-in available. Busy central Denver general practice is expanding. State-of-the-art, great location. This will be a 50% asset purchase agreement, not a stock purchase. 90-day associateship minimum

required prior to buy-in. Serious inquiries only. Please send inquiries to buyinpurchase@yahoo.com.

Dentist: Beautiful new facility in Broomfield. GP only there three days/week with four ops. Looking for specialist to use space two days/week or more. Use our staff or bring your own. No overhead worries. Receive a percentage of production. 303/523-9303.

Dentists: Denver, Colo. Perfect Teeth is seeking senior dentists in Colorado with a compensation range of \$90,000 to \$200,000+. Successful private or group experience required. Benefit package. Also seeking associate dentists (compensation range \$75,000 to \$95,000). Specialist opportunities also available for part- and full-time ortho, endo, oral surgery, pedo and perio with exceptional compensation. Call Dr. Mark Birner at 303/691-0680, e-mail at mbirner@birnerdental.com or visit www.bdms-perfectteeth.com.

Dentists: Denver, Colo. Dental One is opening new offices in the upscale suburbs of Denver. Dental One is unique in that each of our 12 offices in the Denver area has an individual name such as Rock Canyon Dental Care or Heather Park Dental Care in Aurora. All of our offices have top of the line equipment, digital x-rays and intra-oral cameras. We are 100% fee-for-service but take most PPO plans. PPO patients make up 70% of our patient bases. We offer competitive salaries, a complete benefits package and equity buy-in opportunities. To learn more about working for Dental One, please call Rich Nicely at 972/755-0836.

Dentist: Outstanding Pueblo general practice is searching for a caring, detail oriented dentist for one to two days per week. Wonderful staff, great compensation consisting of guaranteed plus a percentage of collection. We work with mostly fee-for-service and PPOs. Two+ years experience required. Please call Vik at 719/287-0807 or e-mail at vikmd@hotmail.com.

Dentist: FT dentist opportunity in Fort Morgan, Colo. working for SALUD, a nationally recognized Community Health Center. Includes an excellent benefits package and position may be eligible for loan repayment. Please contact Ann at ahogan@saludclinic.org or 720/322-9422. EOE Learn more about SALUD at www.saludclinic.org.

Dentist: General dentist opportunity available with high-tech group practice in Denver, Colo. Associateship leading to partnership. Large patient base and no managed care. Seasoned dentist with five-plus years practice experience desired. Fax CV and letter of introduction to 303/443-0073 or e-mail to jblake@dhcamerica.com.

Specialists: Metro Denver/Boulder. Orthodontist, pedodontist, and oral surgeon needed for specialty practice. Referrals from eight general healthcare network practices. No managed care. Please fax your CV and letter of

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Dentist: Montrose Colo. The gateway to skiing, fishing, hunting and more. Smiles 4 Kids is looking for a dentist for our busy practice. Treat patients, ages 0-21. Full-time. Great staff, excellent income and benefits. Contact Ben at 970/901-9865 or e-mail benandmichelle@frontier.net.

Pediatric Dentist: Orthodontist in Parker, Colo. looking for a pedodontist to work in office two-to-three days per week. Great location, great potential. Contact Dr. Andre Nazarov, 720/842-4544.

Hygienist: Montrose Colo. Full-time. Practice in a busy, new modern office with a well trained staff. We focus on education, prevention and non-surgical periodontal therapy. Contact Jan at 970/249-3330 or e-mail resume to montroseds@hansenandwilson.com.

PRACTICES/OFFICE SPACE FOR SALE/LEASE

Practice: Southern Colorado pediatric dental practice for sale or looking for associate/ buy-in. Excellent opportunity with competitive salary. Southern Colorado has numerous outdoor activities. Very busy practice with dentistry limited to children and young adults. Hospital based dentistry is also practiced. General dentistry with an emphasis in treating children also considered. We are seeking caring, motivated individuals with excellent skills including sensitivity of the diverse socioeconomic and ethnic backgrounds of our patients. Please fax or e-mail resume to mpurcell1215@msn.com or 719/253-7761.

Practice: Million dollar practice for sale in north Denver! This is a fantastic opportunity for an experienced general dentist. This fee-for-service practice is located minutes from downtown and a short drive from the mountains. The practice grossed over \$1.1M in 2007. This is currently a single doctor practice, but the four operative and two hygiene operatories would accommodate two doctors. All of the latest technology is employed including CEREC, chairside workstations with patient viewing monitors and digital radiography. A fantastic lease on 3,600 sq. ft. contributes to keeping the overhead at less than 55%! The selling doctor currently lives over 60 miles from the practice and wishes to relocate closer to home. Call Jasmine Rinehart with Strategic Dental Management, Inc. at 303/506-6362.

Practice: Arvada, Colo. Available immediately! Exceptional opportunity for a general dentist seeking to own a practice with great growth potential. Experience all of the rewards of living and practicing near the foothills of

CLASSIFIEDS continued on page 28

CLASSIFIEDS *continued from page 27*

Denver. Please reply in confidence with your objectives, curriculum vitae and written goals to: The Sletten Group, 7882 S. Argonne St., Centennial, CO 80016. Contact 303/699-0990 or diana@lifetransitions.com.

Practice: Building and practice for sale in Wheat Ridge Colo. Three operatories, equipped. 1,100 sq ft. Across from new Lakeside Shopping Center. 303/422-2333.

Practice: Southwestern Colorado. Fee-for-service dental practice with condo! Grossing \$510,000. High tech practice offering cosmetic/restorative services in a mountain town! Great cash flow! Motivated seller. Call Susan Spear, 303/973-2147 or susan@practicebrokers.com.

Practice: Aurora, Colo. Selling price: \$120,000. Producing over \$300,000. Low overhead, nice equipment and facility, good rent, great team. Motivated seller. Call Susan Spear, 303/973-2147 or susan@practicebrokers.com.

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Associate Buy-outs and Buy-ins: Call Susan Spear, Practice Transition Consultant / Licensed Broker Medical Practice Brokers, Inc. 303/973-2147 or susan@sastransitions.com.

Pediatric Dental Practice: Eureka, Calif. Attention all pediatric residents! Producing \$1.3M. Outstanding location, large patient base, new facility, all of the "bells and whistles." Call Susan Spear, 303/973-2147 or susan@practicebrokers.com.

Practice: Denver/Lakewood, Colo. Practice producing \$390,000 part-time! Nice location and facility, loyal patient base. Great satellite practice. Owner wants to stay on with the transition! Call Susan Spear, 303/973-2147 or susan@practicebrokers.com.

Practice: Cherry Creek, Colo. Great starter practice! Producing \$227,000, nice equipment, good location. Call Susan Spear, 303/973-2147 or susan@practicebrokers.com.

Practice: South Lakewood, Colo. Producing \$1M with excellent patient base. Six treatment rooms, beautiful shared dental suite, private office, lab on premises, great staff, no other opportunity can compare! Call Susan Spear, 303/973-2147 or susan@practicebrokers.com.

Practice: Craig, Colo. Experience all of the rewards of living and practicing in a Colorado mountain community, where clean air and panoramic views abound. Well-established premiere general dental practice with an emphasis on cosmetics, and crown and bridge. Owner is seeking brief introduction period with full transition to new owner. Please reply in confidence with your objectives, curriculum vitae and written goals to: The Sletten Group, Inc., 7882 S. Argonne St., Centennial, CO 80016. Call 303/699-0990 fax 303/699-4863 or e-mail pam@lifetransitions.com.

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Practice: Littleton, Colo. Grossing over \$400,000/yr. in 2007. New facility and new equipment. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Practice: Denver, Colo. (Near DTC.) Five ops. Grossing over \$600,000/yr. New equipment, modern facility. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

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Practice: NW Colorado Springs, Colo. Four ops., new equipment. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Practice: Sterling, Colo. Grossing \$300,000, 50% overhead, lots of patients. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Practice: Delta, Colo. Acquire the building and the practice for \$220,000. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Orthodontic Practices: Littleton, Colo. and Grand Junction, Colo. Call Larry Chatterley at 303/795-8800 or go to www.ctc-associates.com.

Seller/Buyer Services: If you would like more information on how to buy, sell or associate in a practice, please check our Web site, www.ctc-associates.com or call CTC Associates at 303/795-8800.

Office Space: Dentist's suite for lease overlooking beautiful gardens in north metro, ready to move in. High traffic property with numerous dentists', surgeons' and doctors' offices. Across street from Kaiser Permanente. Lots of free off-street parking. This facility has five operating rooms with water and vacuum already installed. Some office finish allowance

is nego. This easy to manage building is also for sale to an owner occupant who wants to control expenses and increase profits. Call Bill Pomeroy, 303/359-5690, for sale or lease information.

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Space Sharing: If you're not sure about re-upping with your current lease or want to expand, build or start-up in the Littleton area, look me up before you commit to something else. I have 2,600 sq. ft. of well-designed, already built-out space with great street visibility, and I want to keep my practice active and growing. Write me at iowagraddds@yahoo.com and see if there's a deal that's right for both of us!

Office Space: Space available for pediatric dentist in the Southlands area, available spring 2009. Building ownership, next to schools. Biggest growth potential in the Denver area. Alisa, 720/217-1944 or ammswo@hotmail.com.

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Office Space: Boulder general practice offering cosmetic services, high-tech equipment. Great location with high visibility. Open to share space with dentist or specialist. Please call 303/449-1119 or fax 303/449-1914.

Office Space: 2,206 sq. ft. dental office condo for sale. Lakewood, Colo. at Wadsworth and Hampden. Academy Park Professional Plaza, Suite 104. Stellar demographics, foot and vehicle traffic. Easy main floor access, windows on three sides, open and airy. In-suite restroom and kitchenette. Particularly great location for pediatric dentist, next to a thriving pediatric practice in a busy medical/dental building. Easy trip from Lakewood, Littleton and C-470. Terrific value at \$249,000, possible seller carry. Build equity in your practice instead of paying

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someone's mortgage. Grant Garrigan, Pinnacle Real Estate Advisors, 720/ 635-2354.

Office Space: Professional building in Pueblo West, Colo. for lease/sale. Dental office is 1,800 sq. ft. with four ops, doctor office, staff lounge/bathroom/shower, bookkeeping office, lab, sterilization/dishwasher, utility room and lots of skylights. Other suites have 1,600/950 sq. ft. Unique Bldg/ large foyer/beautiful landscaping. Southwestern style. Call 720/480-4580.

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Office Space: Westminster, Colo. Up to 3,800 sq. ft. office space available in a brand new "class A" medical/dental professional building. Great demographics for a dental specialist. Close to high school and middle school, visible from Wadsworth Blvd. and 100th ave. For info, please call 303/420-9720.

Office Space: Fountain, Colo. Close to Colorado Springs. One of the fastest growing areas in Colorado. 25-year dental office location, available in January. Dr. Stephen Seiler, 719/576-4247.

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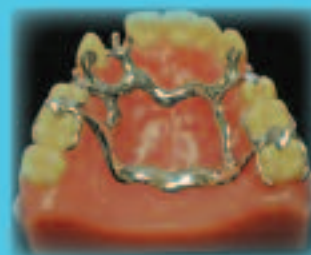
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